

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	X	X				
5						
6	X	X				
7	X	X				
8	X	X				
9	X	X				
10	X	X				
11	X	X				
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50						
TOTAL IND.	1					
TOTAL DEP.	0					
TOTAL CLAIMS	1					
51						
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